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Bib Data Sheet

CONFIRMATION NO. 2530

<b>SERIAL NUMBER</b> 10/072,700	<b>FILING DATE</b> 02/07/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 337348020US4
<b>APPLICANTS</b> Andrew D. Firlik, Ridgefield, CT; Alan J. Levy, Bellevue, WA; Bradford Evan Gliner, Sammamish, WA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/802,808 03/08/2001 WHICH CLAIMS BENEFIT OF 60/217,981 07/13/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/02/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> 25096				
<b>TITLE</b> Methods and apparatus for effectuating a change in a neural-function of a patient				
<b>FILING FEE RECEIVED</b> 823	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	